

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

John William Birchard

Died at *Sunderland*

Town

*Calvert*

County

MARYLAND

Date of death *1906 July*

Month

*25*

Day

Age *59*

Years

Months

Days

Sex *Male*Color or  
Race*white*Birthplace *Cal. Co.*Occupation *Merchant*Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's Name *Wm Birchard*Father's Birthplace *Cal. Co.*Mother's  
Maiden NameMother's  
BirthplaceName of person giving  
Information*Eddie Wraynes*How related  
to deceased*Nephew*

## CAUSES OF DEATH

Primary

*Chronic Alcoholism*

How long

Immediate

*Alcoholic Neuritis Paraplegia*

How long

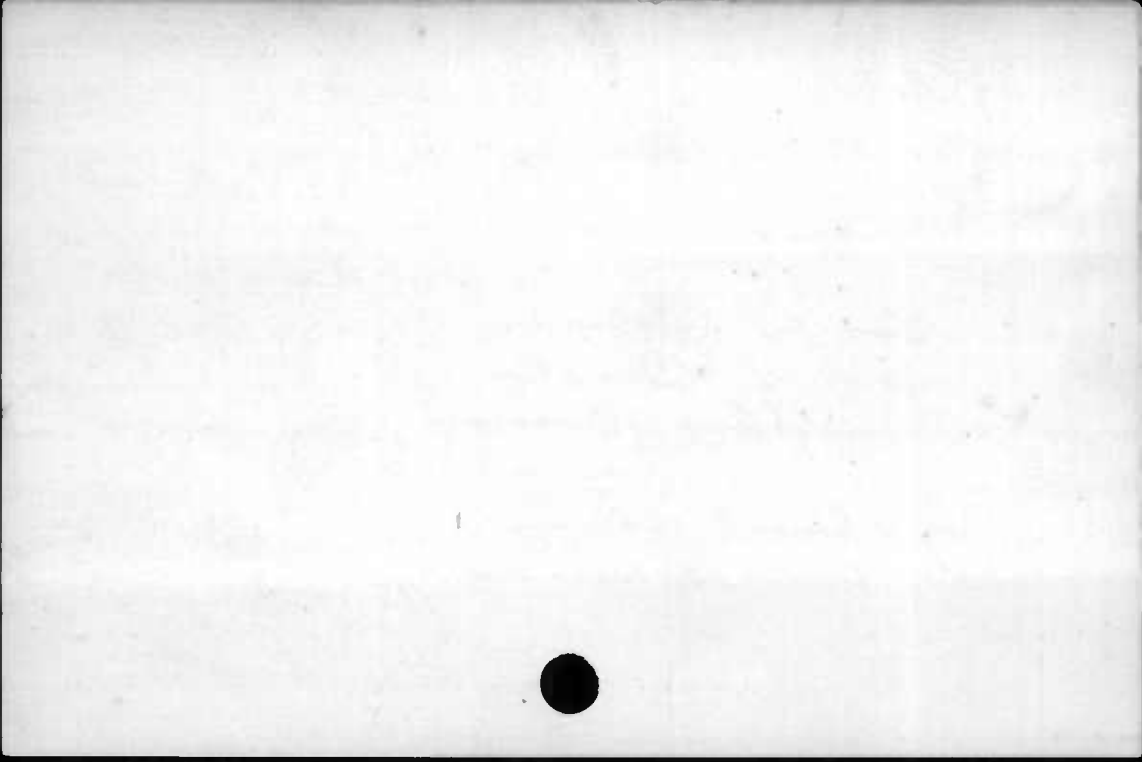
*3 weeks*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*H. W. Leitch*

Address

*Huntingtown Md*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

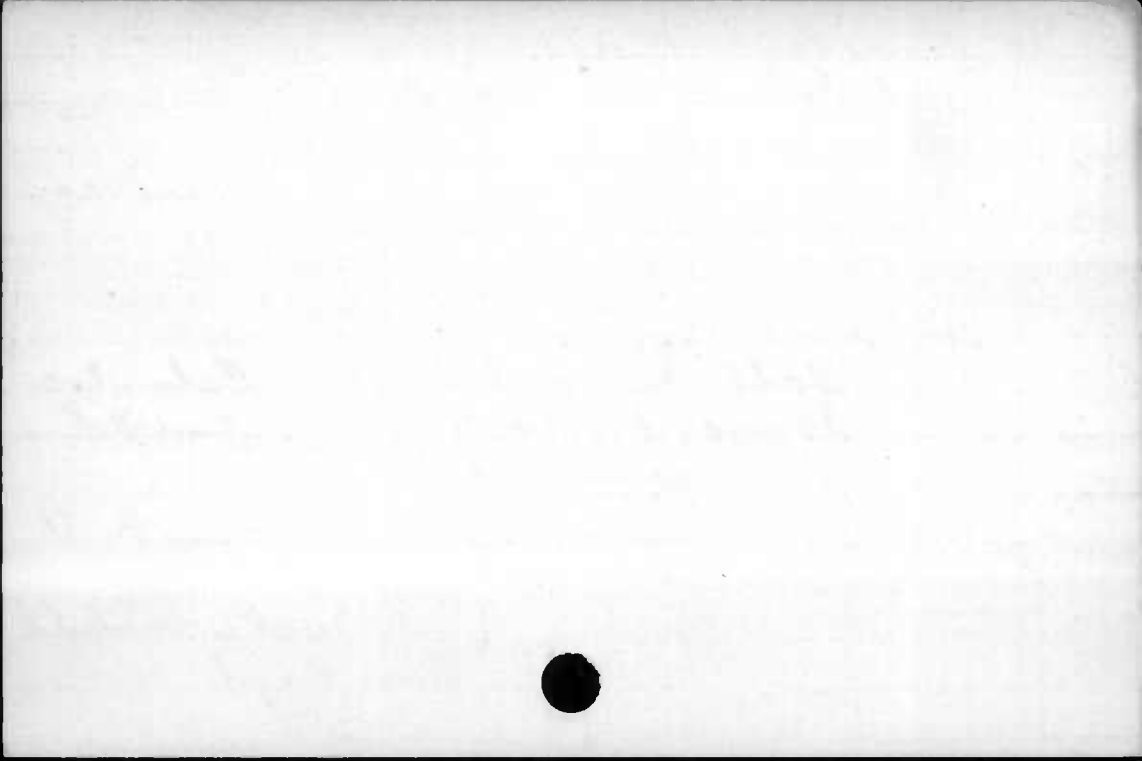
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Levy</i> Town <i>Calvert</i> County		MARYLAND			
Date of death <i>1906 July 9</i>	Month <i>July</i>	Day <i>9</i>	Age <i>60</i>	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birthplace <i>Cal. Cal.</i>		
Occupation <i>farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Fanny Rawlings</i>			
Father's Name <i>George Bonner</i>		Father's Birthplace <i>Ont. Cal.</i>			
Mother's Maiden Name <i>Ann Buck</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Cephias Bonner</i>		How related to deceased <i>Son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Litch</i>
	Address <i>Huntington Md.</i>
Accident or Suicide?	



Name  
in  
Full

*Beccelia Buck*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Solomons</i> <sup>Town</sup>		<i>Calvert</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>6</i> <sup>Month</sup> <i>July</i> <sup>Day</sup> <i>18</i>	Age <i>-</i> <sup>Years</sup>		<i>6</i> <sup>Months</sup>		<i>-</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Calvert co</i>		
Married, Single or Widowed <i>-</i>			Occupation <i>-</i>		
Name of Wife or Husband <i>-</i>					
Father's Name <i>Lewis Buck</i>			Father's Birthplace <i>Calvert co</i>		
Mother's Maiden Name <i>Bell Brooks</i>			Mother's Birthplace <i>Calvert co</i>		
Name of person giving information <i>Isaac Buck</i>			How related to deceased <i>Grand Father</i>		

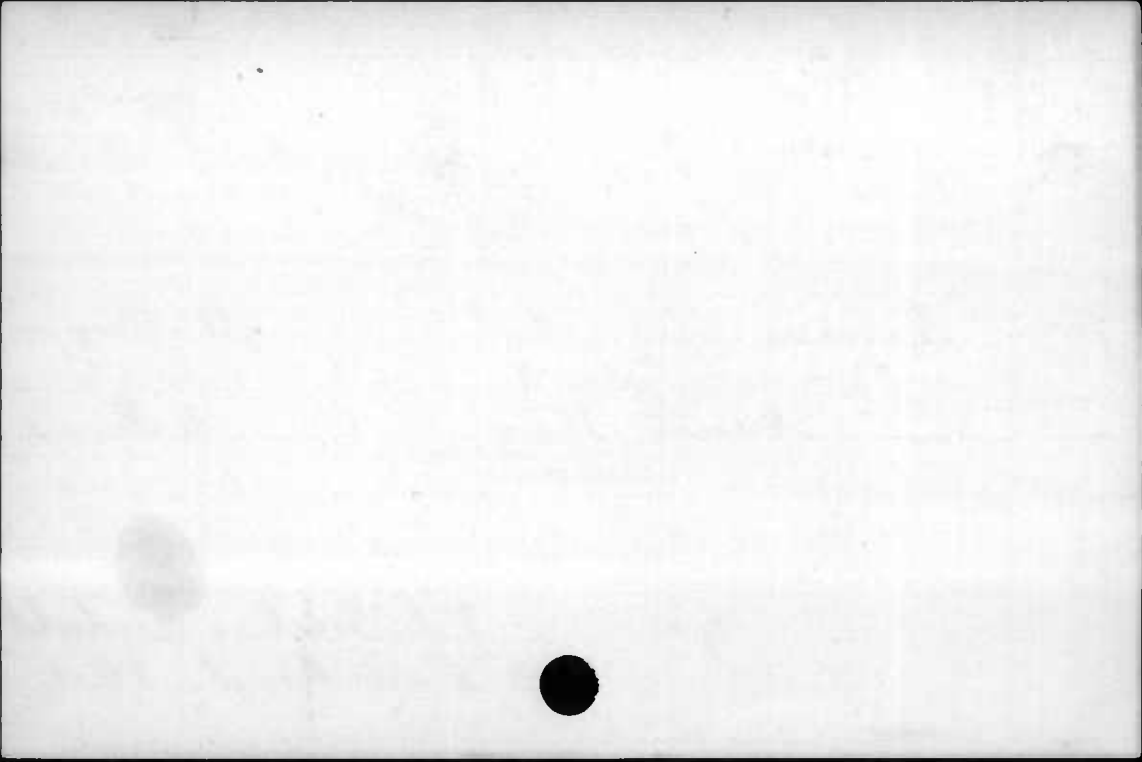
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Summer Complaint</i> <i>105</i> <sup>How long</sup> <i>From Birth</i>	
Immediate	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. L. Tucker Undertaker</i>
	Address <i>Cove Point Md</i>
Accident or Suicide? <i>-</i>	









PHYSICIAN  
OR CORONER

John S. Dace

## CERTIFICATE OF DEATH

Died at *Chambersville* Town

County  
Calaveras

## MARYLAND

Date of death 1906

Day  
30

Age

Years

Months

Days

Sex Male

Color or Race African

Birth-place Calcutta Co

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed *Single*

Name of Wife or Husband

Father's Name Joseph Damm

Father's Birthplace *Canada*

Mother's  
Maiden Name *Matilda Gross*

Mother's Birthplace	AT	NY
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Name of person giving information *Joseph. Dan*

How related to deceased	Washer
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### CAUSES OF DEATH

Primary *Acute Enteritis*

How long 14 days

Immediata *Comptroling*

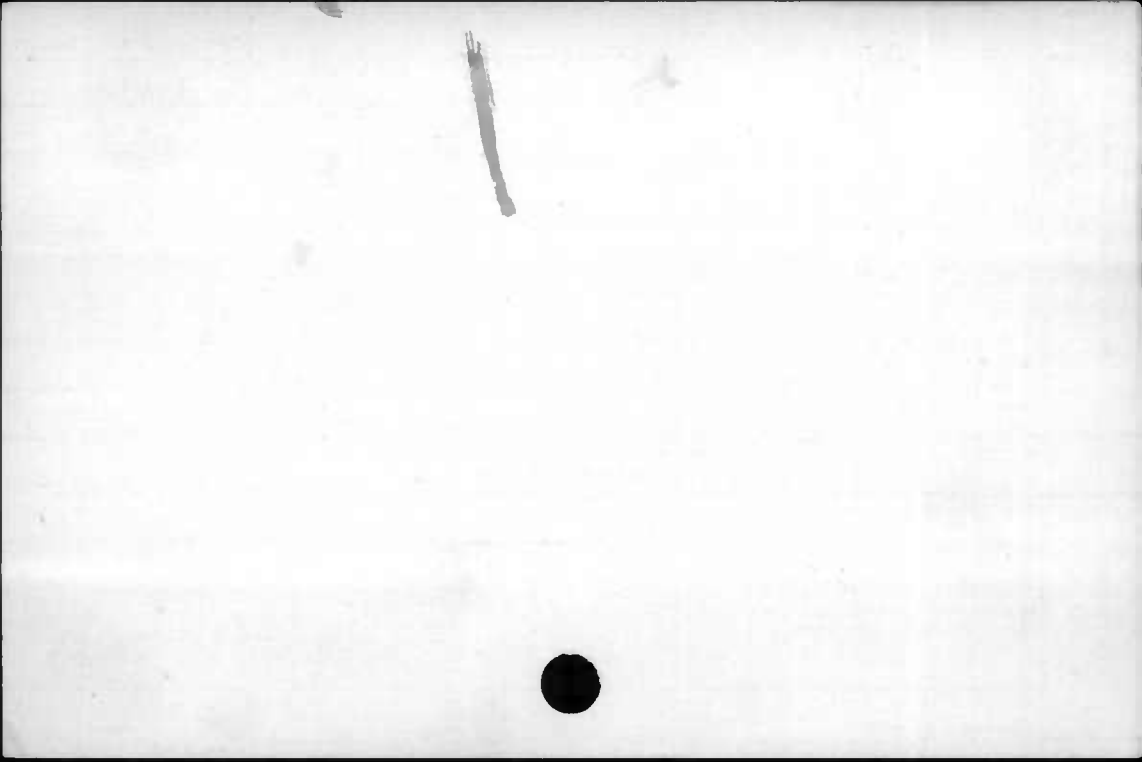
How long

Are the name, age, sex, color, date  
and place correctly given above? *Yes*

Signature of Physician \_\_\_\_\_

Address Lo. Marlboro, Mass

### Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

George Grindal  
Olinett

Town

Calvert

County

MARYLAND

Died at

Date

Month

Day

Years

Months

Days

of death 190

6 July

25

Age 15

9

9

Sex

Male

Color or  
Race

Colored

Birth-  
place

Calvert co

Married, Single  
or Widowed

Single

Occupation

Name of Wife or  
HusbandFather's  
Name

James Grindal

Father's  
Birthplace

St Charles co Md

Mother's  
Maiden Name

Annie Hunt

Mother's  
Birthplace

Calvert co

Name of person giving  
Information

Annie Heg

How related  
to deceased

Mother

## CAUSES OF DEATH

Primary

Drowned

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

J. L. Tucker Undertaker

Address

Love Point Md

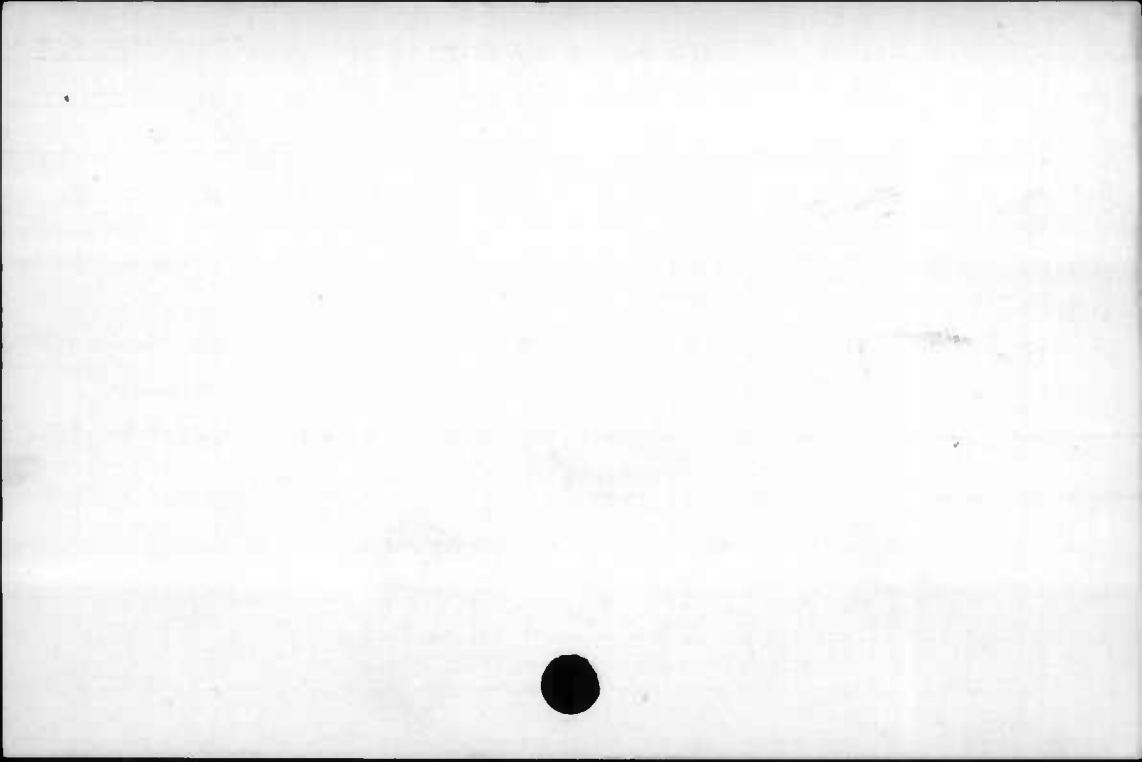
Accident or Suicide?

Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Levy</u> Town		County <u>Calvert</u>		
		Date of death <u>1906 July</u>		Month <u>23</u>	Days <u>60</u>	Years
		Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Cal. Leo.</u>	Months	Days
		Occupation <u>Farmer</u>		Where Residing if not at place of death		
		Married, Single or Widowed	Name of Wife or Husband <u>Lizzie Conley</u>			
		Father's Name <u>Abraham Hicks</u>	Father's Birthplace <u>Cal. Leo</u>			
		Mother's Maiden Name <u>Mary Hicks</u>	Mother's Birthplace <u>" "</u>			
Name of person giving information <u>Robert Thomas</u>		How related to deceased <u>none</u>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	<u>Mitral Insufficiency</u>		How long	<u>19 yrs</u>	
	Immediate	<u>Died Suddenly</u>		How long		
	Are the name, age, sex, color, date and place correctly given above?		<u>Yes</u>	Signature of Physician <u>J. W. Feitch</u>		
				Address <u>Huntingtown</u>		
	Accident or Suicide?			<u>no</u>		



Name  
in  
Full

CERTIFICATE OF DEATH

John Washington Ingle  
Oliver Town of Calvert County

MARYLAND

Died at Date of death 1906 July 9 Age about 67 Months — Days —

Sex Male Color or Race White Birth-place Baltimore Co

Married, Single or Widowed Married Occupation Oysterman

Name of Wife or Husband Emily C. Ward

Father's Name Asa Ingle Father's Birthplace England

Mother's Maiden Name Elizabeth Cooper Mother's Birthplace Unknown

Name of person giving information Emily C. Ingle How related to deceased Wife

CAUSES OF DEATH

Primary Cerebral Hemorrhage How long 3 weeks

Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. J. Chambers

Address Lusby, Calvert Co

Accident or Suicide?

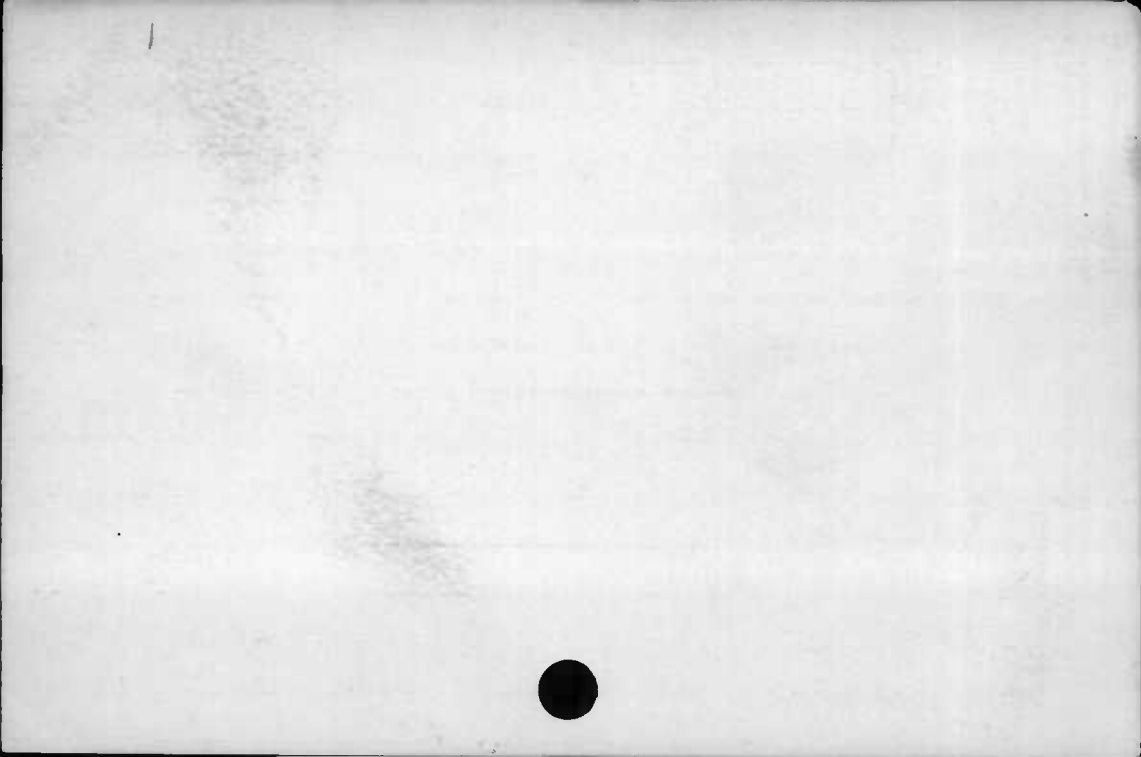




TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Name in Full		William Ireland				CERTIFICATE OF DEATH	
Died at		Oliver <sup>Town</sup>		Calvert <sup>County</sup>		MARYLAND	
Date of death 190		6	Month	28	Day	70	Age
Sex		Male		Color or Race		Colored	
Married, Single or Widowed		Single		Occupation		Birthplace	
Name of Wife or Husband		Martha Dowell					
Father's Name		Unknown				Father's Birthplace	
Mother's Maiden Name		Virginia Ireland				Mother's Birthplace	
Name of person giving information		Washington Buck				How related to deceased	
CAUSES OF DEATH							
Primary		Old age				How long	
Immediate		Exhaustion				How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. L. Tucker Undertaker	
Address		Love Point Md					
Accident or Suicide?							



Name  
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CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

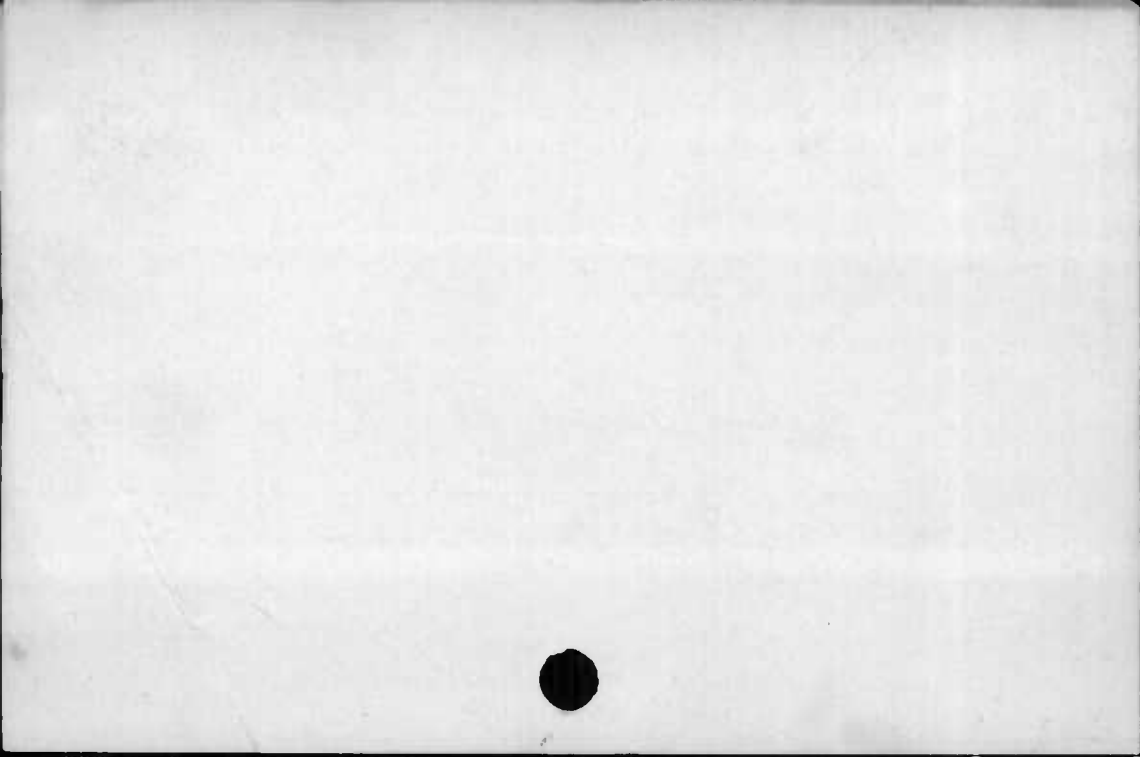
MARYLAND

Died at <u>Mutual</u> <sup>Town</sup>		<u>Calvert</u> <sup>County</sup>										
Date of death	1906	Month	July	Day	16	Age	Years	79	Months		Days	
Sex	<u>Female</u>		Color or Race	<u>Columbian</u>		Birthplace	<u>Calvert Co</u>					
Occupation	<u>House Keeping</u>				Where Residing if not at place of death		<u>Mutual Ins</u>					
<del>Married, Single or Widowed</del>	<u>Wid</u>		Name of Wife or Husband									
Father's Name	<u>Augustus Gray</u>						Father's Birthplace	<u>Calvert</u>				
Mother's Maiden Name	<u>Virginia Brooks</u>						Mother's Birthplace	<u>Calvert</u>				
Name of person giving information	<u>Thomas Brooks</u>						How related to deceased	<u>Widow</u>				

## CAUSES OF DEATH

Primary	<u>Senile Decay</u>	How long	<u>154</u> <u>months</u>
Immediate	<u>Inanition</u>	How long	<u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above?		<u>Yes</u>	
Signature of Physician		<u>R. Brisco</u>	
Address		<u>Mutual Ins</u>	
Accident or Suicide?		<u>D Brooks &amp; Brothers</u>	

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

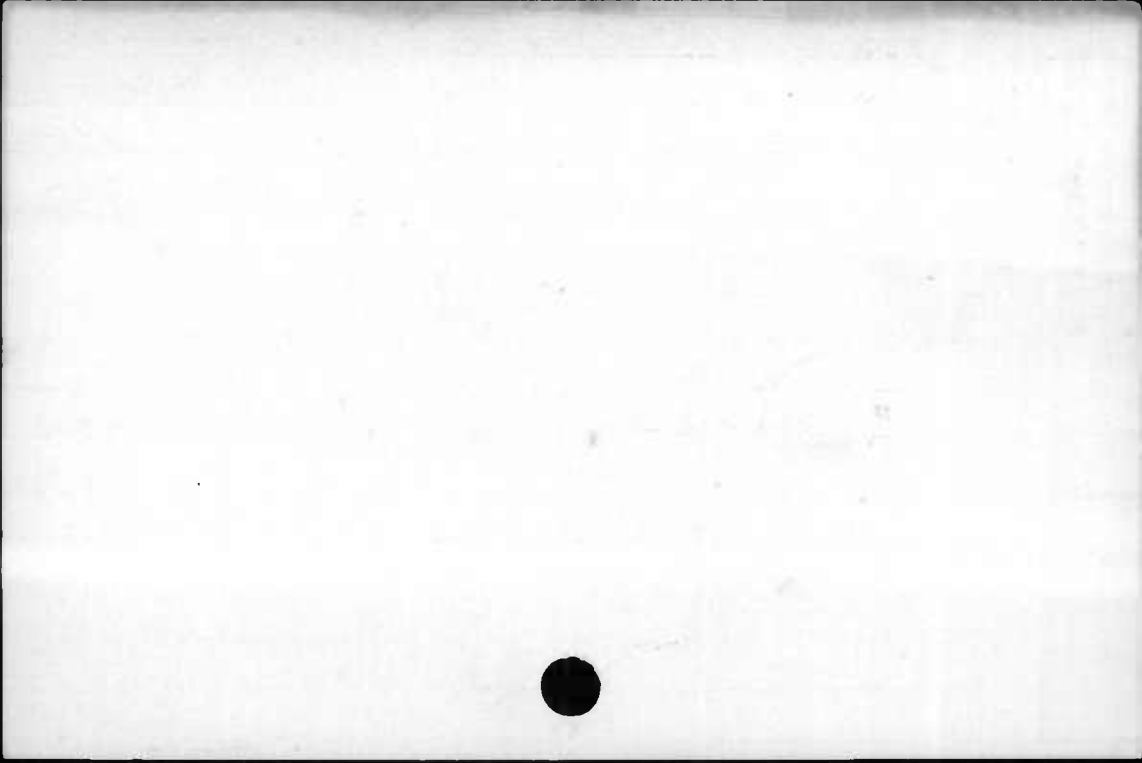
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Huntingtown</i> <sup>Town</sup>		<i>Calvert</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	<i>July</i> <sup>Month</sup>	<i>27</i> <sup>Day</sup>	Age <i>60</i> <sup>Years</sup>	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Cal. les.</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Not obtainable</i>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>John Mackall</i>			How related to deceased <i>None</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Mitral Insufficiency</i>	How long
Immediate <i>on per</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. W. Hitch</i>
	Address <i>Huntingtown Md.</i>
Accident or Suicide?	



Name  
in  
Full

Asa Clarence Ketchum Jr

## CERTIFICATE OF DEATH

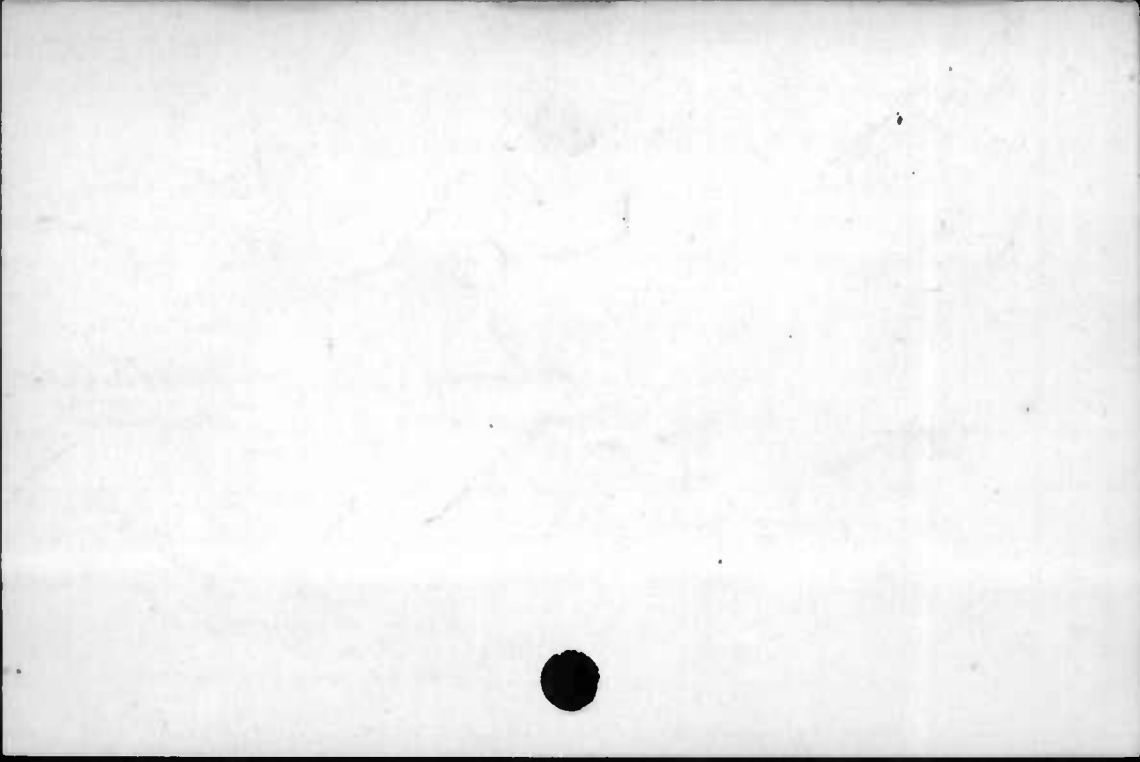
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND							
Date of death		Month		Day		Age		Years		Months		Days	
1906		July		16		Age		—		4		7	
Sex		Male		Color or Race		White		Birthplace		Solomons.			
Occupation						Where Residing if not at place of death							
Married, Single or Widowed						Name of Wife or Husband							
Spunt						—							
Father's Name						Father's Birthplace							
Asa Clarence Ketchum						Solomons, Md							
Mother's Maiden Name						Mother's Birthplace							
Margaret Parks						Solomons, Md							
Name of person giving information						How related to deceased							
Asa C Ketchum						Father							

## CAUSES OF DEATH

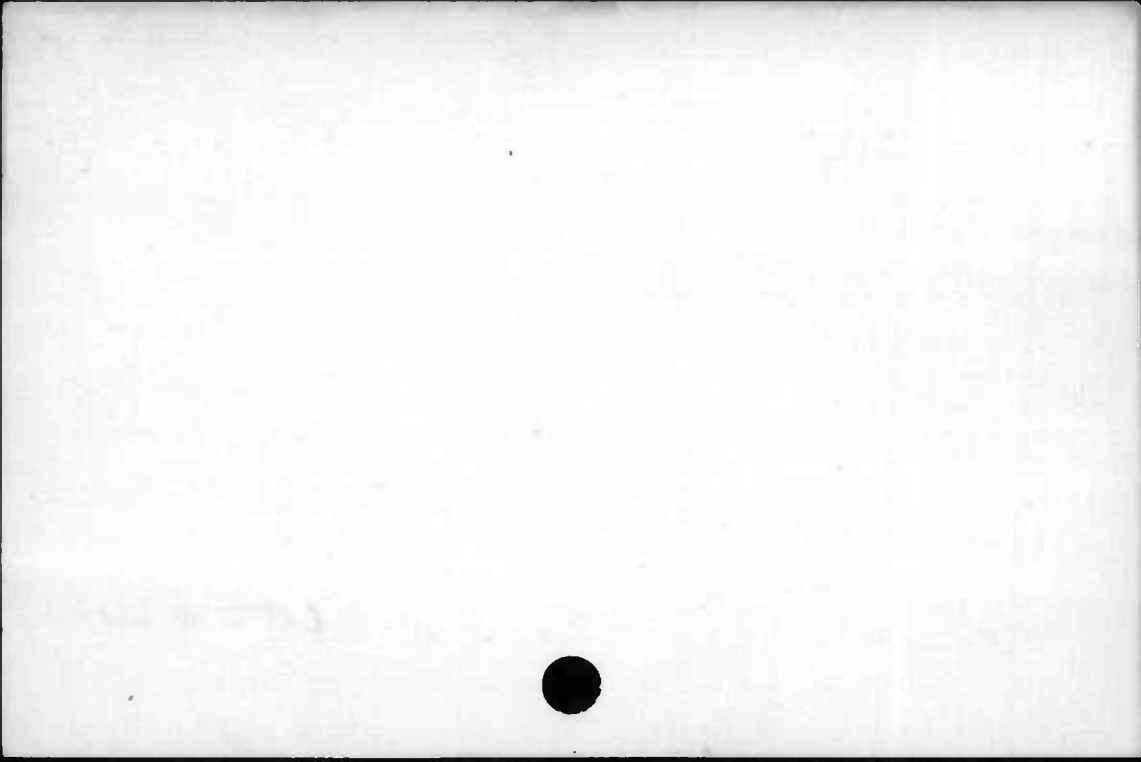
PHYSICIAN  
OR CORONER

Primary		Enterocolitis		How long		3 months	
Immediate		Whooping Cough		How long		10 days.	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
Yes				W H Marsh			
				Address			
				Solomons			
				Md.			
Accident or Suicide?							





Name in Full		Mildred H. Marymure				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Sunderland</u>		Town <u>Calvert</u>		County	
		Date of death <u>1906 July</u>		Month <u>22</u>		Days	
		Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Cal. Cal.</u>	
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband			
PHYSICIAN OR CORONER		Father's Name <u>Wm. F. Marymure</u>		Father's Birthplace <u>Cal. Cal.</u>			
		Mother's Maiden Name <u>Emma Nickum</u>		Mother's Birthplace <u>Balt. City</u>			
		Name of person giving information <u>Nickum Marymure</u>		How related to deceased <u>Brother</u>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <u>Improper feeding</u>		How long			
		Immediate <u>Gastric Enteritis</u>		How long <u>10 days</u>			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. W. Hitch</u>			
				Address <u>Huntingtown Md.</u>			
		Accident or Suicide?					



Name  
in  
Full

Leary Mossell


## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Mt. Harmony</i>		County <i>Calvert</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>July</i>	Day <i>18</i>	Age <i>6</i>	Years	Months	Days
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Mt. Hope</i>			
Occupation		Where Residing if not at place of death <i>Mt. Harmony</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>					
Father's Name		Father's Birthplace					
Mother's Maiden Name <i>Hannah Mossell</i>		Mother's Birthplace <i>Mt. Hope</i>					
Name of person giving information <i>Henry Mossell</i>		How related to deceased <i>to Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long	
Immediate <i>Whooping Cough</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>none W. H. Ward</i>	
	Address <i>Mt. Harmony Md.</i>	
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

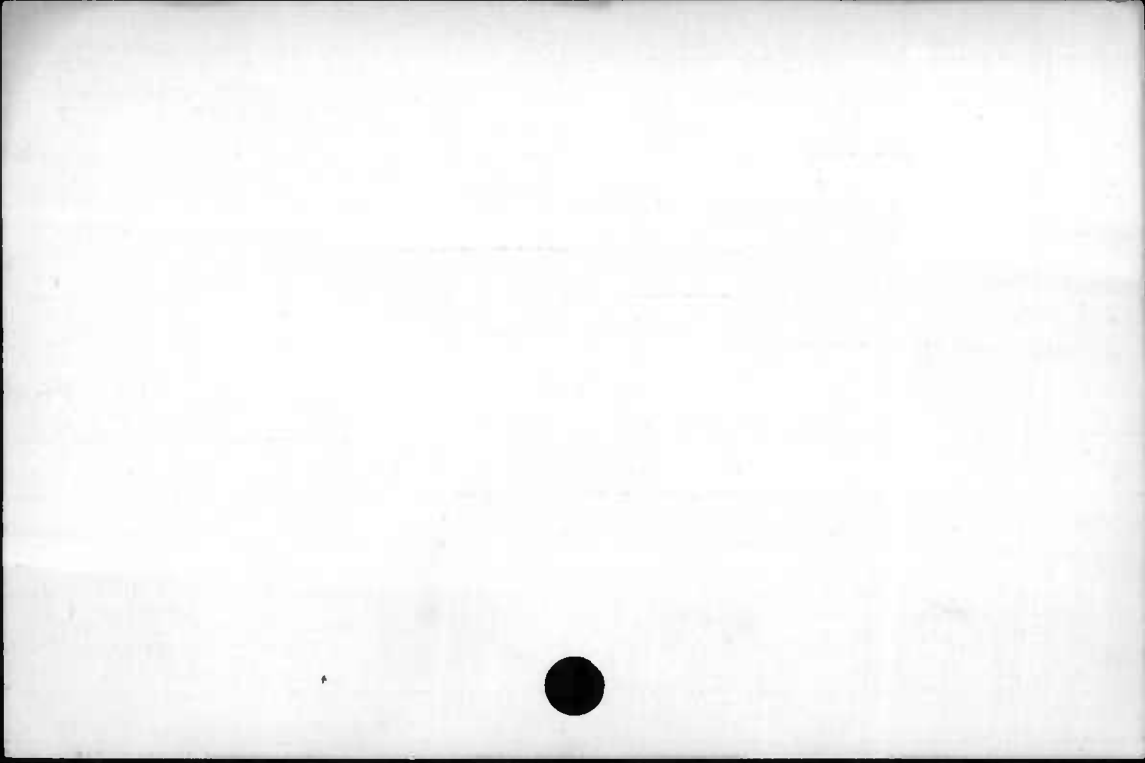
MARYLAND

Died at <i>Brown</i> Town		<i>Worcester</i> County			
Date of death	1906	Month	July	Day	7
Age	65	Years	25	Months	—
Sex	Female	Color or Race	White	Birth-place	Worcester Co
Occupation	Housewife		Where Residing if not at place of death <i>Brown</i>		
Married, Single or Widowed	Married	Name of Wife or Husband <i>Jos A Ramsey</i>			
Father's Name	<i>Saml. C Brown</i>			Father's Birthplace	<i>Worcester Co</i>
Mother's Maiden Name	<i>Rhoda Brown</i>			Mother's Birthplace	<i>"</i>
Name of person giving Information	<i>Jos A Ramsey</i>			How related to deceased	<i>Husband</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute Indigestion</i>	How long	<i>2 weeks</i>
Immediate	<i>Heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. King</i>	
		Address <i>Barstow</i>	
Accident or Suicide?			



# CERTIFICATE OF DEATH

## MARYLAND

Months	Days
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20
21	21
22	22
23	23
24	24
25	25
26	26
27	27
28	28
29	29
30	30
31	31

Name of person giving information *James B. Kusner* How related to deceased *Son*

### CAUSES OF DEATH

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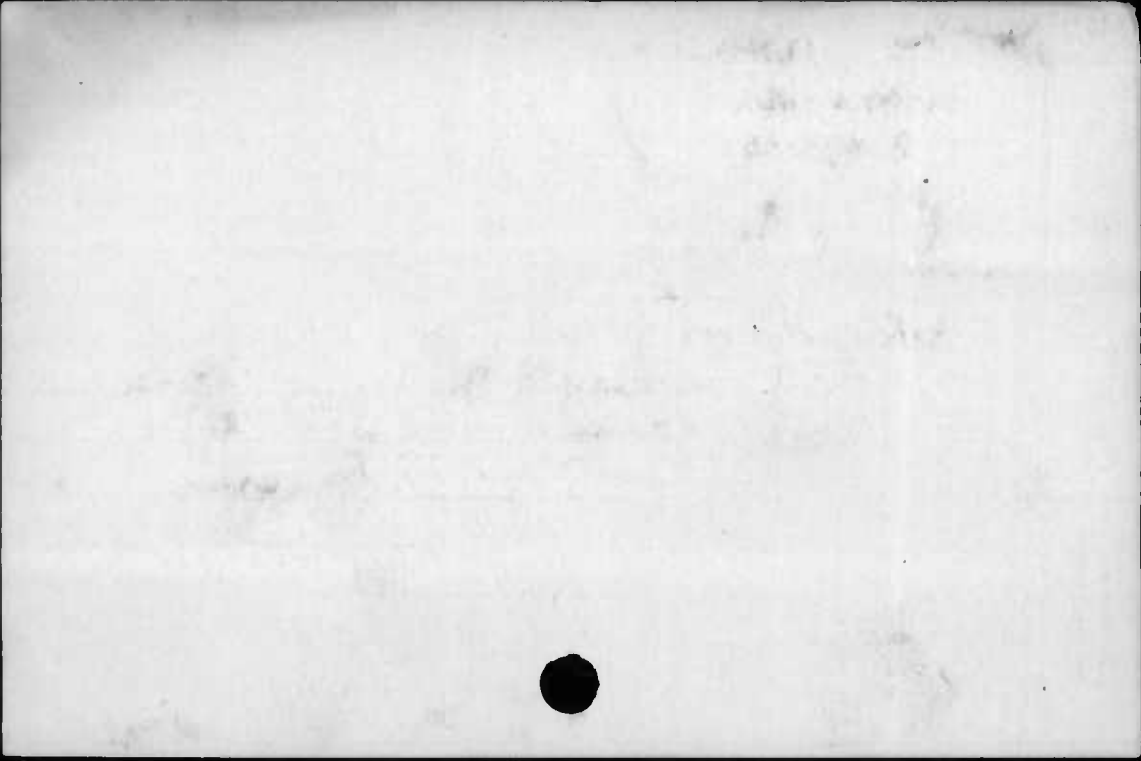
How long

How long *8 mths*

Signature of Physician 

Address *Mutual Mt*  
*D Brooks & Bro Inc*

### Accident or Suicide?





Name  
in  
Full

Vinnie Ansler Savage

## CERTIFICATE OF DEATH

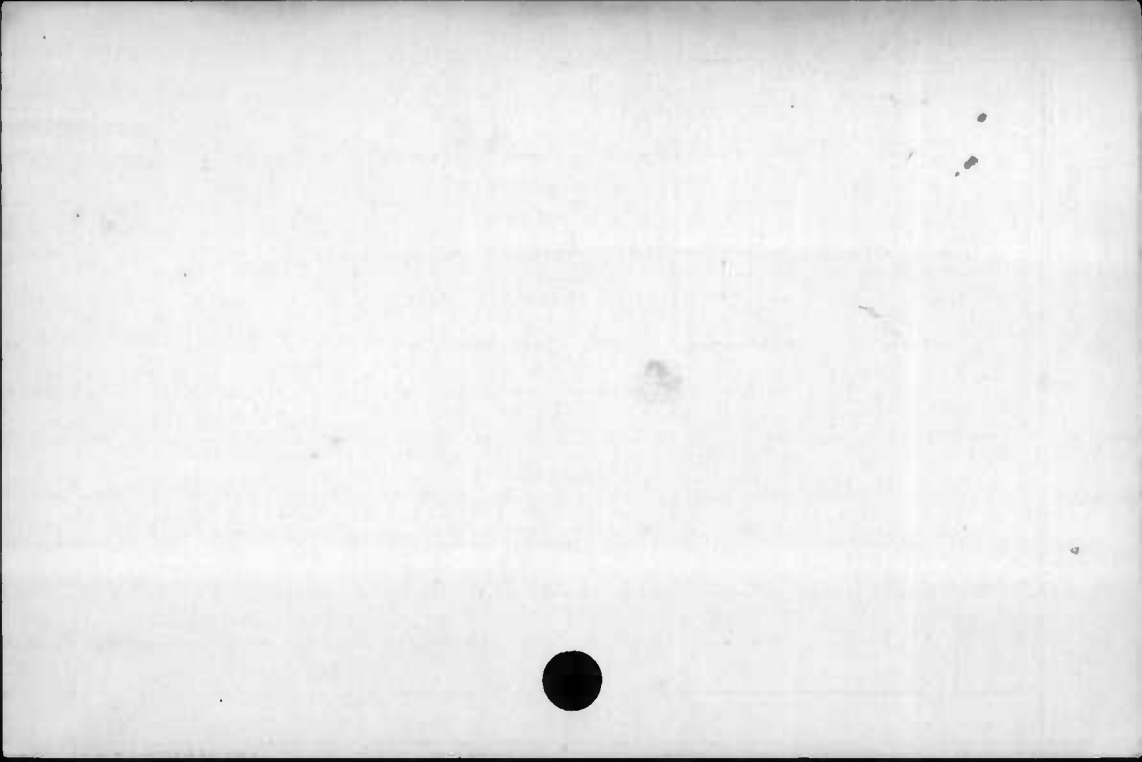
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Frazier		County Calvert		MARYLAND	
Date of death 1906		Month July	Day 30	Age Years		Months 10	Days
Sex Female		Color or Race Colored		Birth- place Calvert ex			
Marrled, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name Benjamin Savage				Father's Birthplace Calvert ex			
Mother's Maiden Name Annie Dorwell				Mother's Birthplace Calvert ex			
Name of person giving In formation Annie Savage				How related to deceased Mother			

## CAUSES OF DEATH

PHYSICIAN  
OR CORDNER

Primary	Sudden Complaint	How long	4 weeks
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. L. Tucker M.D.	
Address		Care Post 1	
Accident or Suicide?			



Name in Full		Richard Spicknell Ward				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Mt Harmony		County Calvert		MARYLAND
	Date of death		1906	Month July	Day 19	Age 66	Months Days
	Sex		Male		Color or Race		White
	Occupation		Carpenter		Birth- place		Calvert Co
					Where Residing if not at place of death		
	Married, Single or Widowed		Married		Name of Wife or Husband		Mary A. Ward
	Father's Name		Robert Ward		Father's Birthplace		Calvert Co
Mother's Maiden Name		Elizabeth Ward		Mother's Birthplace		Md	
Name of person giving In formation		W Clifton Ward		How related to deceased		Son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Chronic diarrhoea		How long		Several months
	Immediate		Exhaustion and Heart Failure		How long		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		L. Brayshaw
					Address		Friendship Md
	Accident or Suicide?						

